STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012285	A. BUILDING: _____ B. WING _____	C 05/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREASY SPRINGS HEALTH CAMPUS	1750 S CREASY LN LAFAYETTE, IN 47905

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint #IN00148793 & #IN00149633. Complaint #IN00148793- Unsubstantiated due to lack of evidence. Complaint #IN00149633- Unsubstantiated due to lack of evidence. Survey dates: May 27 & 28, 2014 Facility number: 012285 Provider number: 155777 AIM number: 201006770 Survey team: Michelle Carter, RN Census bed type: SNF- 45 SNF/NF- 19 Residential- 52 Total- 116 Census payor type: Medicare- 20 Medicaid- 12 Other- 84 Total- 116 Residential Sample: 6 Creasy Springs Assisted Living was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint #IN00148793 & #IN00149633. Quality Review was completed by Tammy Alley RN on May 30, 2014.	R 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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